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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS

Application Number	10/619,245		
Filing Date	7-14-03		
First Named Inventor	Bhaskarpillai Gopinath		
Art Unit	2141		
Examiner Name			
Attorney Docket Number	P10-1		

To: Commissioner for P.O. Box 1450 Alexandria, VA 223								
Please withdraw me as attorney or agent for the above identified patent application, and								
all the attorneys/agents of record.								
the attorneys/agents (with registration numbers) listed on the attached paper(s), or								
the attorneys/agents associated with Customer Number								
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.								
The reasons for this request are: (1) medical (2) lack of inventor cooperation								
CORRESPONDENCE ADDRESS								
1. The correspondence address is NOT affected by this withdrawal.								
2. X Change the correspondence address and direct all future correspondence to:								
The address associated with Customer Number:								
OR					***************************************			
X Firm or Individual Name	Bhaskarpillai Gopinath							
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Country	U.S.A.							
Telephone	732-562-0999	Fax 732-562-0788						
Signature July	n T. Veogles							
	r. Peoples		Registration No.		28,250			
Date 1-20-05		Telephone No. 908-580-9816						
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.								

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.